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APPLICANTS

Kai Kroll, Minnetonka, MN;
 Mark W. Kroll, Minnetonka, MN;

**** CONTINUING DATA *******

This application is a CON of 09/139,822 08/25/1998 PAT 6,167,306
 which is a CON of 08/754,712 12/06/1996 PAT 5,978,703
 which is a CON of 08/543,001 10/13/1995 ABN
 which is a CON of 08/251,349 05/31/1994 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/15/2000

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	11	25	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Kai Kroll
 Galvani, Suite 190
 6901 East Fish Lake Road
 Maple Grove ,MN 55369

TITLE

ELECTRICAL CARDIAC OUTPUT FORCER

FILING FEE RECEIVED 949	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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